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Time and a		
Fill in this in	formation to identify your case:	
Debtor 1	Robert Dean Strickland	
Debtor 2	Karen Alexa Strickland	
(Spouse, if fill		
United States	Bankruptcy Court for the: District of South Carolina	
Case number	16-05212	
(if known)	TO TOUR	☐ Check if this is an amended filing
	13 Calculation of Your Disposable In	
additional pag	te and accurate as possible. If two married people are filing toget led, attach a separate sheet to this form, Include the line number to the your name and case number (if known). alculate Your Deductions from Your Income	to which additional information applies. On the top any
The Internative	al Revenue Service (IRS) issues National and Local Standards for ons in lines 6-15. To find the IRS standards, go online using the lin n may also be available at the bankruptcy clerk's office.	certain expense amounts. Use these amounts to answer the nk specified in the separate instructions for this form. This
expenses if	expense amounts set out in lines 6-15 regardless of your actual exper they are higher than the standards. Do not include any operating expe d do not deduct any amounts that you subtracted from your spouse's	enses that you subtracted from income in lines 5 and 6 of Form
If your expe	enses differ from month to month, enter the average expense.	
Note: Line r	numbers 1-4 are not used in this form. These numbers apply to informa	ation required by a similar form used in chapter 7 cases.
5. The n	umber of people used in determining your deductions from incom	10
Fill in t	he number of people who could be claimed as exemptions on your fee	leral income tay return

National Standards

the number of people in your household.

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

plus the number of any additional dependents whom you support. This number may be different from

1,249.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Debtor 1 Debtor 2 Robert Dean Strickland Karen Alexa Strickland

Case number (if known)

People	who are under 65 years of age									
7a.	Out-of-pocket health care allowance per person	\$	54							
7b.	Number of people who are under 65	Х	3							
7c.	Subtotal. Multiply line 7a by line 7b.	\$	162.00		Copy here=	> \$	1	162.00		
People	who are 65 years of age or older									
7d.	Out-of-pocket health care allowance per person	\$	130							
7e.		x	0							
7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00		Copy here=	> \$		0.00		
7g.	Total. Add line 7c and line 7f		******************************	\$	162.00		Copy tot	tal here=>	\$	162.00
ocal S	tandards You must use the IRS Local Standards to	answe	or the question	one in lin	nes 8-15					
	on information from the IRS, the U.S. Trustee Prog					d for	housing	n for		
ankrup	otcy purposes into two parts:	, and the	o arriada ti	io ii to E	our ourida	u 101	nousing	3 101		
House	sing and utilities - Insurance and operating expen-	ses								
Haus	sing and utilities - Mortgage or rent expenses									
- Hous	and diffices - Mortgage of Tent expenses									
To ansv	ver the questions in lines 8-9, use the U.S. Trustee	Progra	am chart. T	o find th	ne chart, go c	nline	using t	he link s	pecifie	d in the
To ansv separate	ver the questions in lines 8-9, use the U.S. Trustee e instructions for this form. This chart may also b	e availa	ble at the b	ankrup	tcy clerk's of	fice.			pecifie	d in the
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Debtor 1

Robert Dean Strickland Karen Alexa Strickland

16-05212 Case number (if known) Debtor 2 Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 220.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Describe Vehicle 1: Vehicle 1 2016 Kia Sorento 13a. Ownership or leasing costs using IRS Local Standard..... 471.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment Kia Motors Finance Co 324.00 Repeat this Copy amount on **Total Average Monthly Payment** \$ 324.00 324.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 147.00 147.00 => Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 33c. 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 => Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation.

Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1

Robert Dean Strickland Karen Alexa Strickland

Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes. self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. 1.773.00 Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 0.00 Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form 92.00 of life insurance other than term. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 0.00 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 291.66 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. 73.00 Payments for health insurance or health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment 122.00 expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 5,416.66 24. Add all of the expenses allowed under the IRS expense allowances. \$ Add lines 6 through 23. **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 1,251.00 Disability insurance 0.00 Health savings account 0.00 Total 1.251.00 1.251.00 Copy total here=> Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 216.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential.

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Karen Alexa Strickland Karen Strickland Case number (if known) 16-05212

otor 1 otor 2	Robert Dean Strickland Karen Alexa Strickland	Case number (if k	known)	16-0			
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insurance and oper	rating e	xpense	es on		
	If you believe that you have home energy of 8, then fill in the excess amount of home er	costs that are more than the home energy costs included nergy costs	d in exp	enses	on line	9	
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that tary.	the add	litional		\$_	0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.	dren who are younger than 18. The monthly expenses ependent children who are younger than 18 years old to	(not m attend	ore that a priva	an ate or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain wh not already accounted for in lines 6-23.	ny the a	mount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or after the dat	te of ac	ljustme	nt.	\$_	160.00
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	he monthly amount by which your actual food and clothig allowances in the IRS National Standards. That amour is in the IRS National Standards.	ning exp	enses ot be n	are nore		
	To find a chart showing the maximum addit instructions for this form. This chart may als	tional allowance, go online using the link specified in the so be available at the bankruptcy clerk's office.	e separ	ate			
	You must show that the additional amount	claimed is reasonable and necessary.				\$_	0.00
31.	Continuing charitable contributions. The instruments to a religious or charitable organizations.	e amount that you will continue to contribute in the form anization. 11 U.S.C. § 548(d)(3) and (4).	of cash	or fina	ancial		
	Do not include any amount more than 15%	of your gross monthly income.				\$_	848.00
22	Add all of the additional expense deduc	tions.				\$	2,475.00
	Add lines 25 through 31.						
Dedu 33. F	Add lines 25 through 31. uctions for Debt Payment for debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home mortgage 3 33a through 33e.	es, veh	icle			
Dedu 33. F	uctions for Debt Payment for debts that are secured by an interest pans, and other secured debt, fill in lines	s 33a through 33e. nent, add all amounts that are contractually due to each					ge monthly
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Debtor 1 Robert Dean Strickland Karen Alexa Strickland

Case number (if known)

	debts that you listed in line 33 property necessary for your s	upport or the supp	port of your o	lependents?				
	Go to line 35.							
☐ Yes.	State any amount that you must listed in line 33, to keep posses Next, divide by 60 and fill in the	ssion of your proper	ty (called the	the payments cure amount).				
Name of the	creditor	entify property that s	secures the del	bt	Total cure amount		onthly c	ure
-NONE-				\$		÷ 60 = \$	nount	
						Сору		
				Total	\$0.00	total here=>	\$	0.00
35. Do you o are past	owe any priority claims - such due as of the filing date of you	as a priority tax, cl ur bankruptcy case	hild support, e? 11 U.S.C. {	or alimony - th	at			
No.	Go to line 36.							
☐ Yes.	Fill in the total amount of all of tongoing priority claims, such as	hese priority claims those you listed in	i. Do not includine 19.	de current or				
	Total amount of all past-due p	riority claims			\$ 0.00	÷ 60	\$	0.00
6. Projecte	d monthly Chapter 13 plan pay				\$			
Office of the Exec To find a li	nultiplier for your district as state the United States Courts (for dis- utive Office for United States Tru st of district multipliers that includes y enstructions for this form. This list may	tricts in Alabama an estees (for all other o your district, go online o	nd North Carol districts). using the link so	ina) or by	×			
	monthly administrative expense				\$	Copy total here=> \$		
7. Add all Add line	of the deductions for debt pay s 33e through 36.	ment.					\$	345.67
otal Deduc	tions from Income						1	
	f the allowed deductions.							
8. Add all o	e 24, All of the expenses allowed a allowances	d under IRS	\$	5,416.66				
Copy lin		e deductions	\$	2,475.00				
Copy lin	e 32, All of the additional expens							
Copy line expense Copy line	e 32, All of the additional expense a37, All of the deductions for de	bt payment	+\$	345.67	<u>. </u>			

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Debtor 1 Robert Dean Strickland Karen Alexa Strickland

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Part 2	De	etermine Yo	ur Disposable Income Under	11 U.S.C. § 132	5(b)(2)				
39.			rrent monthly income from li Current Monthly Income and					\$	8,592.00
	childrer disability received	n. The month y payments f d in accordan	oly necessary income you re nly average of any child suppor or a dependent child, reported nce with applicable nonbankrup ended for such child.	rt payments, foste in Part I of Form	r care paymer 122C-1, that y	nts, or ou	\$	0.00	
	employer in 11 U.S	er withheld from S.C. § 541(b)	etirement deductions. The mom wages as contributions for 0/7) plus all required repaymer 0. § 362(b)(19).	qualified retireme	nt plans, as sp	pecified	\$	0.00	
42.	Total of	all deduction	ons allowed under 11 U.S.C.	§ 707(b)(2)(A). C	opy line 38 he	re =>	\$ 8,23	7.33	
	expense their exp	es and you ha benses. You	ial circumstances. If special of ave no reasonable alternative, must give your case trustee a locumentation for the expense	describe the spe- detailed explanat	cial circumstar				
Des	scribe th	e special ci	rcumstances		Amount	of exper	nse		
					•				
	_				\$				
					\$				
					\$				
							1		
				Total	<u> </u>	0.00	Copy here=> \$	0.00	
				_					
44	Total ad	livetmente	Add lines 40 through 43			6	8,237.33	Сору	0 227 22
44.	rotar ad	ijustments.	Add lines 40 through 43.			=> \$	0,237.33	here=> -\$	8,237.33
45. Part 3			thly disposable income undo	er § 1325(b)(2). S	Subtract line 44	1 from lin	ne 39.	\$	354.67
	have cha time you you filed	anged or are r case will be your petition	or expenses. If the income in Figure 2 virtually certain to change after a open, fill in the information being check 122C-1 in the first coluin when the increase occurred	er the date you file elow. For example umn, enter line 2 i	ed your bankrue, if the wages n the second of	ptcy pet reported column,	ition and during the d increased after		
Forr	n	Line	Reason for change		Date of	change	Increase or decrease?	Amount of ch	ange
	22C-1						☐ Increase		
	22C-2						☐ Decrease	\$	
	22C-1						☐ Increase		
	22C-2						_ Decrease	\$	
	22C-1						☐ Increase		
□ 1	22C-2							CC CD	
							Decrease	\$	
	22C-1 22C-2						☐ Decrease☐ Increase☐ Decrease☐	\$	

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Debtor 1 Debtor 2 Robert Dean Strickland Karen Alexa Strickland

Case number (if known)

Sign Below		
By signing here, under penalty of perjury you decla	are that the information	on this statement and in any attachments is true and correct
/s/ Robert Dean Strickland		s/ Karen Alexa Strickland
X /s/ Robert Dean Strickland Robert Dean Strickland	x	s/ Karen Alexa Strickland Karen Alexa Strickland